

F09000003612

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 AUG 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000003612

1. Corporation Name

DUN RITE, INC.

2. Principal Office Address - No P.O. Box #

714 Fenway Avenue

Suite, Apt. #, etc

3. Mailing Office Address

714 Fenway Avenue

Suite, Apt. #, etc

City & State

Chesapeake, VA

City & State

Chesapeake, VA

Zip

23323

Country

USA

Zip

23323

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2009

5. FEI Number

54-1483361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

**Chris Das, AVP of
BUSINESS FILINGS INCORPORATED**

Date **04/22/2024**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President/Director	Patrick Kelly	714 Fenway Ave.	Chesapeake, Virginia 23323
Vice-President	Charles Carlisle	714 Fenway Ave.	Chesapeake, Virginia 23323
Secretary	Angela Kelly	714 Fenway Ave.	Chesapeake, Virginia 23323

10. E-mail Address: **dunnte6229@hotmail.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2024 (GST) 337-0267

Date

Daytime Phone #